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# BOROUGH of CHARD



## Annual Report OF THE



# Medical Officer of Health

for the Year ended 31st December, 1957

#### **PUBLIC HEALTH OFFICERS:**

Medical Officer of Health:

A. M. McCALL, V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

P. P. FOX, M.B., D.P.H.

Public Health Inspector:

P. H. WEBB, M.I.M. & C.E.

#### **PUBLIC HEALTH COMMITTEE:**

R. W. M. Hocken (Chairman)

D. C. Golesworthy

M. H. Collins

A. Austin

Mrs. Bryer

W. A. H. Evans

F. J. Sweet

D. T. Wyatt

#### **HOUSING COMMITTEE:**

L. Fisher (Chairman)

E. T. Phelps

R. W. Long

Mrs. M. A. Bryer

F. J. Sweet

D. T. Wyatt

#### **HEALTH VISITORS:**

E. G. Major, S.R.N., S.C.M., H.V.

H. E. Parker, S.R.N., S.C.M., H.V.

G. E. Slocombe, S.R.N., S.C.M., H.V.

O. J. M. Pitt, S.R.N., S.C.M., H.V.

J. D. Ralston, S.R.N., S.C.M., H.V.

# Annual Report of the MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Chard.

Mr. Mayor and Councillors,

I beg to submit my Annual Report for the year 1957.

This year will surely go down in history as the year which saw the first practical steps in man's conquest of space and in comparison with the stupendous new developments that are taking place in the world today, my 10th Annual Report may seem dull and commonplace.

For Chard it was a satisfactory year. There were a few cases of notifiable infectious disease. There were a large number of cases of influenza in the latter months, but fortunately, although highly infectious, particularly for children, it was generally a mild illness.

For the first time poliomyelitis vaccine was used in the town and B.C.G. vaccine against tuberculosis was offered as a routine to schoolchildren.

For the first time in Somerset a survey of an area of the county was undertaken by the Mass Miniature X-Ray Service. Chard was in the area selected. The Survey is reported at length in the text.

This year I have chosen Cancer as a subject for detailed consideration. Included in this I have made special reference to the problem which is currently occupying people's minds, lung cancer. "It is always a silly thing to give advice, but to give good advice is absolutely fatal." I am therefore taking a calculated risk in this report. We know that smoking cigarettes is responsible for a large increase in cancer of the lung: this is true even if some other factor should co-exist as some assert. I hope after reading the text the heavy cigarette smoker will realize it would be more profitable to ask "Why is my philosophy so feeble?" than "What are the chances for me of cancer of the lung if I persist?"

I am, Mr. Mayor and Councillors,

Your obedient Servant,

A. M. McCALL,  
Medical Officer of Health.

## SECTION A.

### Statistics and Social Conditions of the Area

#### Population.

The Registrar General gives the estimated mid-year population for 1957 as 5,400.

#### Birth Rate.

The Birth Rate for the year was 16.1 per 1,000 live births. This was an improvement on the 1956 figure and is the same as the figure for England and Wales as a whole. There were two illegitimate births.

#### Death Rate.

The Death Rate for the year was 16.6 per 1,000. When the Comparability Factor of .79 is taken into account, the figure is

13.1, which is above the national figure of 11.5. The causes of death are shown in Appendix A, Table 3. They follow the now familiar pattern with diseases of the heart and circulation at the top of the list. I discussed this subject at length in my 1953 Report. This year I proposed to consider the second greatest killer—Cancer.

Cancer is a disease with a world-wide distribution and could be said to be pandemic at the present time. Sufferers can be divided into three categories—those who die, those who endure, those who fear.

Cancer offers considerable scope for the practice of preventative medicine. A large number of substances are now known to be the causes of cancer (carcinogens) such as tar, arsenic, smoke, etc. The

potential number at risk in the country must be enormous, particularly in industry. These hazardous occupations should receive medical supervision and the known carcinogenic substances should be eliminated from the processes or used in such a way as to be innocuous. Cancer of certain sites due to friction can be avoided. Diseases such as chronic gastric ulcer can be effectively treated and not allowed to linger on and predispose to carcinomatous change.

Treatment of cancer can be by surgery, radiotherapy, chemotherapy or a combination of all three. For success early diagnosis is obviously necessary. In this sense "early" refers not to time but to the clinical condition of the cancer. Some cancers are slow growing and comparatively non-malignant and may still be in an early clinical stage six months after the first symptoms have appeared. Another type of uninhibited growth may have made an extensive invasion of the surrounding tissues even a few weeks after first making its presence felt. The unpredictability of the disease is an important reason why the malady is especially dreaded. However, new surgical procedures have greatly increased successful treatment. New machines in radiotherapy are vastly more effective. New introductions in this field include radio-active gold and cobalt. In the sphere of chemotherapy intensive research is proceeding in an endeavour to find the drugs which will inactivate the disease or alleviate the symptoms. All these advances are grounds for measured optimism.

The next step is obvious. It is the necessity to educate the public about cancer. There is considerable confusion in the public mind about the causes of cancer. I have heard it suggested that cancer can be caused by such things as tinned fruit, tomatoes or aluminium utensils.

There is a need to produce a new climate of public opinion towards the disease. Many people who have been treated successfully by operation do not know they ever had cancer. There is a need to stress the good side, the successes and improved prognosis. Relatives should be informed when the treatment given is curative and when merely designed to alleviate the symptoms or to delay the inevitable.

The Ministry of Health were for a long time against too much publicity concerning the disease. Many doctors are of the opinion that a campaign to educate the public about cancer would merely produce

a fear of the disease. I believe the public are more prepared to accept informed advice about cancer than the medical profession realize. Most people fear the disease. It is the reaction to the fear which is important. I think that a campaign might be inspired centrally, but conducted at local level. Cancer is a human problem and the closer the contact with the individual the more likely is a campaign to succeed.

This year the Government have at last directed that local Health Authorities shall inform the public of the connection between heavy cigarette smoking and cancer of the lung. The need for this has been discussed in my Report for 1954.

Cancer of the lung with a death rate (1955) of over 17,000 in England and Wales, is now not only the commonest cancer in the male sex but one of the main killers of our time. In the age group 50-52 years, it is the cause of 50% of all cancer deaths and 1 in 18 of deaths from all causes. Although the death rate for females is still comparatively low, it also has shown a considerable increase in recent years. The trend over the last few years indicates that the incidence of cancer in both sexes has not yet reached its peak.

The Medical Research Council issued a report in June, 1957. A survey in this country which has been in progress five years has shown with regard to lung cancer in men

- (1) A higher mortality in smokers than in non smokers;
- (2) A higher mortality in heavy smokers than in light smokers;
- (3) A higher mortality in cigarette smokers than in pipe smokers;
- (4) A higher mortality in those who continued to smoke than in those who gave it up.

Surveys in 19 other countries agreed in showing more smokers and fewer non smokers among the patients with lung cancer and a steadily rising mortality as the amount of smoking increases.

The Medical Research Council report states that "although no precise calculation can be made of the proportion of life-long heavy cigarette smokers who will die of lung cancer, the evidence suggests that at current death rates it is likely to be of the order of 1 in 8 whereas the corresponding figure for non smokers would be of the order of 1 in 300. The observation on the effect of giving up smoking is particularly important since it indicates that

men who cease to smoke even in their early forties may reduce their likelihood of developing the disease by at least one half."

The Report also states that a proportion of cases of lung cancer may be due to atmospheric pollution. Studies of the small number of deaths from the disease among non smokers have shown higher death rates in residents in big towns as compared with rural dwellers. "On balance it seems likely that atmospheric pollution plays some part in causing the disease, but a relatively minor one in comparison with cigarette smoking."

The Government have passed legislation making it possible to declare areas as "smoke-free", in which the emission of smoke from fires and furnaces is prohibited. However, with regard to smoking, they have so far only stated their intention to bring the opinion expressed in the M.R.C. Report "effectively to the public notice, so that everyone may know the risks involved in smoking." This is being done by the display of posters, etc. So far the public have adopted a "laissez faire" attitude which it would not have done if the action of the Government had been to remove the inherent danger rather than leaving it to self discipline of individual members of the community.

It is undoubtedly the moral duty of all those working in the public health field to make known the fact that smoking is bad for health. Particularly must the young be dissuaded from the habit. At present there is no means of making the smoking habit safe, filter tip cigarettes and filter holders are of no use in the present state of knowledge.

The growth of the habit is interesting. A hundred years ago few, if any, cigarettes were smoked. Half a century later, however, there lay three methods open to the smoker which embodied three distinct desires: the pipe—manliness; the cigar—opulence and luxury; the cigarette—connoisseurship and the art of living. Cigarettes made of Turkish or Egyptian tobacco were rather expensive, were selected according to personal taste and were consumed on a principle that is sparing and appreciated, one after each meal as a rule with the addition of two or three to be enjoyed with particular relish at chosen moments. Oscar Wilde referred to the cigarette as an example of the pleasure of the moment that leaves one exquisitely unsatisfied.

Meantime the working man, previously content with his pipe, began to acquire a

taste for cheap American cigarettes which he called "fags" or "gaspers." No connoisseurship goes to the consumption of gaspers, a practice depending partly on habit, partly upon addiction to the drug nicotine. The habit rests upon the soothing sensations that a baby derives from a dummy or comforter: the drug in the cigarette produces vague pleasurable feelings that are difficult to analyse. The first World War brought to many a man agitation and suspense such as he had never known before. To pull out a gasper, to suck it and to inhale the smoke gave temporary relief; and so a new habit was acquired by thousands who would not otherwise have cared for it. When the War came to an end, the habit did not die, even women fell victims in time, many of whom have learnt by now to consume immoderate quantities of cigarettes.

Far more American cigarettes are smoked today than were smoked of the Turkish or Egyptian variety. Between the old and new methods of smoking there is a fundamental difference. The earlier exponent followed a principle laid down by Epicurus, that pleasure has a maximum and to seek addition beyond is to lose rather than gain. The wise smoker kept within bounds and secured the maximum of enjoyment. He could relinquish the practice at any time. The working man, on the other hand, and the unlearned generally sought to increase their pleasure by multiplication, but all in vain. They also found themselves unable to shake off the habit even when they wished. The old connoisseur has gone, cigars are the luxury of the few, even the pipe has fewer devotees. The gasper has prevailed over all and brought with it the new custom of inhaling smoke. The once rare disease, cancer of the lung, now kills more in a year than tuberculosis; and the death is not a good one. So we are faced with the fact that in less than a lifetime a mortal disease affecting all classes has increased to a startling extent.

#### Infant Mortality.

There were two deaths of infants under 4 weeks of age during the year. The infant mortality rate for England and Wales for the same period was 23 per 1,000 live births, the lowest ever recorded.

#### Maternal Mortality.

There were no maternal deaths in 1957.

#### Social Services.

The Social Services provided by the local authority remained unchanged. Unemployment increased in the town, particularly in the fourth quarter of the year.

## SECTION B.

### General Provision of Health Services in the Area.

A Speech Therapy Clinic was started in May and was held once weekly. Public support of other existing services was satisfactory.

#### Care of Mothers and Young Children.

##### Antenatal Clinic.

Antenatal clinics were held once per month throughout the year and Dr. Elliott attended each session for the purpose of taking blood samples and 115 mothers attended.

##### Domiciliary Midwifery.

The district nurses continued to attend expectant and nursing mothers in their homes, with the private practitioner supervising the cases. The practical service of delivery of the mothers and their after-care, follow naturally on the work of the antenatal clinic. The mothers approach their time of confinement with the knowledge that they have been well cared for in the preceding months. They have a sound knowledge of what is to take place, and they are well acquainted with the nurses who will be looking after them. All this leads to a feeling of calm confidence which is so essential.

##### Hospital Confinement.

All cases needing hospital confinement were admitted to the Unit at Musgrove Park Hospital, Taunton.

##### Infant Welfare Clinic.

The clinics were held twice per month and Dr. Elliott was present on all occasions. Details are shown in Appendix B, Table 1.

##### Health Visiting.

The two district nurses carried out general health visiting duties and Mrs. Pitt continued as the Tuberculosis health visitor.

##### Home Nursing.

In addition to their many other duties, the district nurses visit people's homes to carry out a very large number of duties.

These may include dressing wounds, giving injections, bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our nurses have been working during the past year.

##### Immunisation.

The necessity for immunisation against diphtheria continued to be stressed. How-

ever, the presence of poliomyelitis interfered with the campaign and all immunisations were suspended during the second and third quarters.

Later the Ministry advised against the use of combined whooping cough and diphtheria vaccine, particularly when acute poliomyelitis was prevalent. Individual vaccines, necessitating three injections, each at different times, were issued. This meant that the infant was likely to lead a pin cushion existence during the first year of life. This brought forth loud protests from doctors and parents and finally it was decided to revert to the use of combined vaccine, but to avoid immunisations during the second and third quarters of the year.

##### Vaccination.

Forty-three primary and four revaccinations were carried out in 1957.

##### Home Help Service.

The Home Help Service, organised by the County Council, is readily available in the Area. It is my experience that the standard of work done by members of this service is most satisfactory and greatly appreciated by those in whose homes they are employed.

##### School Medical Service.

I inspected all the schools in the town during 1957 and the details may be found in Appendix B, Table 2.

I have also examined children who, having reached the age of 14, take up part time employment which is subject to Bye Laws. I examined 6 children in this connection during the year.

##### Speech Therapy.

Miss Henshaw commenced holding speech therapy clinics each week, from the beginning of May. Details of her clinics are shown in Appendix B, Table 3. Her work was most successful and undoubtedly her pleasant manner with the children has encouraged their confidence, resulting in success in overcoming their disability.

Speech defects may be divided into two broad causes; mechanical defects and functional causes.

The mechanical defects are loss of hearing, a low intelligence quotient and poor control of the musculature of the tongue, lips and palate.

The functional causes are a history of poor speech in the family, imitation of another person with a defect, lack of speech stimulation when a baby. Two further completely opposite approaches by parents are also responsible for functional defects. One is the parent who will not allow the

baby to pass through the normal stages of baby talk, e.g. bow wow, baa lamb. The other is the parent who does not encourage the child to grow up and as a result the child tends to return to the infantile level of speech to gain attention from the mother.

These are the problems which the speech therapist has to deal with when a child is referred. It is obvious she must find the cause before commencing the treatment. The accuracy of her diagnosis is reflected in the success of her clinic.

#### Breathing Exercises Clinic.

This clinic continued to be held once a week throughout the year. The health visitor supervised the exercises at every clinic and explained the idea and method to the parents who attend with the children. The Medical Officer attended once a month to assess progress and to see all new cases and discharge those who had learnt how to control their breathing.

#### Minor Ailments Clinics.

I do not hold regular sessions at the clinic for the treatment of minor ailments, but arrange a clinic following a school medical inspection, so that any minor conditions with which I can readily deal are speedily treated. This, I hope, relieves the pressure on general practitioners in their surgeries and enables them to deal with more serious and urgent matters.

#### School Dental Service.

A part-time dental surgeon was appointed in March and she inspected the Infants', Junior and Secondary Modern Schools during the year.

#### Orthopaedic Service.

An orthopaedic clinic was held every month throughout the year in Chard and was extremely well supported by the parents who appreciate not having to travel to Taunton as used to be the case. A fully qualified Orthopaedic Sister is in attendance and she sees all cases at regular intervals between their appointments with the specialist. In this way she is able to keep a constant check on progress and refer back any who should see the specialist sooner than was originally anticipated.

#### Ophthalmic Services.

At each school medical inspection I examine every child who has any eye defect whatsoever. I check the correction of their glasses and also check up on whether or not they are carrying out the directions issued by the Ophthalmic specialist at the last appointment. If glasses are in need of repair or the correc-

tion does not satisfy me, I refer the child to the County Oculist who holds a weekly clinic, especially for schoolchildren, at Taunton.

#### Hospital Service.

Early in the year the S.W. Regional Hospital Board decided to discontinue surgical work at the Chard Cottage Hospital. This was regretted by a large number of people, for surgery had been carried out at the hospital for a great many years. The Council were concerned about the Board's decision and a deputation went to Bristol to meet their representatives when the future plans of the hospital were discussed. The Regional Hospital Board decided that the operating theatre at the Chard Cottage Hospital was not of a satisfactory standard for modern surgery and the cost of installing new theatres for such a small unit was uneconomic. However, they promised the deputation to improve the service in other directions to make up for the loss of the surgical treatment. A physiotherapy service is to be provided at the hospital and new out-patient facilities, in the near future. It was also decided to combine the Cottage Hospital with the old Chest Hospital, the Cottage Hospital to be used as an out-patient department and the better ward facilities at the Chest Hospital to be made available for general use. At the end of the year the plans for alterations at the hospital were going ahead but the physiotherapy treatment had not commenced.

#### Epileptics.

Any cases of epilepsy occurring in the area are referred to a specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a school child to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

#### Spastics.

Arrangements for spastic children in the town were reported in detail last year and remain unchanged.

#### Blind Persons.

There are eight registered blind persons resident in the town. No cases of ophthalmia neonatorum were notified during the year.

### Ambulance Service.

The Somerset County Council Ambulance Service covers the area during the week days and worked smoothly throughout the year. From 7 p.m. to 7 a.m. and on Sundays the St. John Ambulance Brigade continued to give an ambulance service to Chard and district. It is under the direction of Divisional Superintendent Brooks. Appendix B, Table 4 gives full details of this part of the Service.

### National Assistance Act.

No statutory action was necessary during the year nor was I asked to intervene in any case.

## SECTION C.

### Prevalence and Control Over Infectious and Other Diseases

Very few infectious diseases were notified during the year. A summary will be found in Appendix C, Table 1.

However, it was a very active year as far as the prevention of disease was concerned. For the first time B.C.G. vaccination against tuberculosis was made available for school children and all those born in 1943 were offered protection.

In the first instance all those who applied were skin tested (Heaf Test): four days later their skin reaction was read. Those who had no reaction were vaccinated. Those who reacted (Heaf positive) were noted for investigation. It meant that they had already been in contact with some source of tuberculosis infection and it was necessary to discover whether the disease was active or whether they had overcome the initial infection. All in this category were given a clinical examination by the Chest Physician and were X-rayed. No active cases were discovered.

#### Mass X-Ray Survey.

For some time it has been felt that at the annual visits of the Mass X-Ray Units, the same small percentage of the population presented themselves for X-Ray. A large number of people, among whom were possible cases of tuberculosis, never availed themselves of the opportunity of having their chest X-Rayed.

In an endeavour to overcome this resistance it was decided that an all out effort should be made in a selected district. After discussions with the Unit Director and Chest Physicians, South East Somerset was chosen as a suitable area to make this pioneer effort.

Advance publicity was given in the Press. Local organisations were contacted and

informed of the programme. Leaflets and posters were prepared and a personal letter from the Medical Officer of Health was sent to each householder. This letter pointed out the efforts being made to rid the country, and particularly Somerset, of tuberculosis. In 1957, for the first time, vaccination against tuberculosis was offered in the schools. Cattle were being tuberculin tested and the area should be free of all tuberculous cattle by 1958. The Mass X-Ray Units were to spend six weeks in S.E. Somerset. Their presence presented an opportunity for all possible infectious cases to be diagnosed and treated before any risk of spread of infection. Householders were reminded that it was most important that people of all ages should regard it as an essential duty to be examined.

The programme aimed at placing the static units in accessible towns where they could take small and large X-Rays. The mobile units visited the villages of the area in advance of the static units. All cases requiring recall for full size films were recalled to the nearby town later. In this way it was hoped to make maximum use of the mobile equipment.

The response from organisations was good and the administration was most satisfactory. The response from the public in the villages was encouraging but less so in the towns. Many of the villages were visited for the first time and no doubt there was a certain novelty interest in the visit, they are also closer-knit communities and publicity more effective. Unfortunately the visits to the towns seemed to be preceded by a few days by the influenza virus which had a far greater response than the Mass X-Ray Units. Nevertheless, more people in S.E. Somerset have been X-rayed than ever before.

In Chard a total of 1,540 persons availed themselves of the opportunity of having their chests X-Rayed. This number included 105 scholars. Details can be found in Appendix C, Table 2.

Mass Miniature Radiography is satisfactory for case finding and prevention when there are plenty of cases in the population. However, there is a growing feeling that where the number of infected persons is low it becomes wasteful. Undoubtedly the mobile unit has fulfilled a very important roll, but now, with a decline in the prevalence of the disease, there is a need for mass radiography to be more selective. Mobile units will still be required for special surveys in schools or factories and rural areas, but the growing

need is for static units in large towns and hospitals. These units would always be available for patients referred by doctors and volunteers, the groups from whom the highest percentage of tuberculosis cases are discovered.

Once units are permanently available, the public should be encouraged to regard chest radiography in the same way as they regard examination with the stethoscope. It must be a normal procedure in a medical examination. If any person with chest symptoms seeks medical advice and a chest X-Ray film were not taken, then that person would instinctively feel that the examination was incomplete.

This attitude could be encouraged if senior school children were given a chest X-Ray with their medical examination. All employment certificates should state the date of the chest X-Ray and the result. It is essential that all whose employment will bring them in contact with children should have a chest X-Ray before commencing work.

The Ministry of Health have already announced their intention to establish more static units which they intend to base in large hospitals.

#### Influenza.

Early in 1957 extensive outbreaks of influenza occurred in several countries of the Far East and particularly in India, Japan and Singapore, hence the name "Asian Influenza." Outbreaks were reported among persons travelling by sea and air from the affected regions.

The first cases reached this country in late June when five seamen arrived at Bristol suffering from "Asian 'flu'." Influenza in this country is a disease of winter. An outbreak practically never occurs in the summer and should it do so it is always limited and very mild. The epidemic began in September in the north of England and reached the south three weeks later. The main characteristics of the epidemic were the high infectivity, whole families went down almost simultaneously; the large number of school children, young people and early middle aged persons affected. Crewkerne, in common with the rest of the West, was fairly hard hit. The number of boys ill reached such a high proportion of the total number of boarders that the staff were unable to cope with the situation and the Grammar School was closed for ten days.

Virus strains from the Singapore outbreak were studied and found to be markedly different from those of previous

epidemics and existing vaccines were of no value. The Ministry of Health arranged for the production of a formalized egg vaccine. However, the influenza arrived before the vaccine so that it did not have a fair chance. Minor constitutional upset was experienced by some people who received the vaccine and sore arms were common. However, I feel there is a future for vaccines in this disease but they should be available at least a month before an epidemic.

The influenza epidemic of 1891-92 started in China, as this one did, and ravaged the world. The epidemic of 1918-19 started in the summer of 1918 among troops in France and was apparently introduced from Spain—hence the name "Spanish 'flu'." It was a very severe illness and some 62,000 deaths occurred in the cities and urban districts of England and Wales in the winter of 1918-19.

At the present time two questions seem pertinent. Will there be a second wave of the disease as occurred in the 1918-19 epidemic? We must wait and see. If the second wave does occur will the virulence of the virus increase? It did not do so in 1919.

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### SECTION D. Environmental Health Services.

#### A.—Sanitary Circumstances. Climatic Conditions.

The total rainfall during 1957 amounted to 25.50 inches—slightly more than 1956 but less than the yearly average. The summer months were the most disappointing, otherwise the year was reasonably dry and mild.

#### Water Supply.

The water supply was quite satisfactory in quality during the year but severe shortage occurred, mainly from August to December, and it was necessary to obtain water from the Rural District in addition to the supply from the new bore hole.

A particularly severe breakdown occurred in early June when there was a very serious infiltration of dirty water through the roof and walls of the pumping station. Investigation pointed to a leak of the pumping main between the wall and the reservoir at Snowdon. Mr. Larcombe, the acting surveyor, took immediate measures to deal with the situation and within two-and-a-half hours had located and repaired the fracture in the pipe. When the leak was discovered there were about 140,000 gallons of water in the reservoir so that the supply had to be restricted. The Fire

Service pumped for two-and-a-half hours at the rate of 500 gallons per minute and the level in the well only lowered about one inch. The Chard Rural District Council supplied water from the Pole Rue source and this enabled a limited supply to a fairly large portion of the town affected. Samples of the water taken when the leak was discovered showed very marked evidence of contamination but subsequent sampling showed that the contamination was very soon eliminated. The Water Department performed in a most satisfactory manner in this emergency and their efficiency at such a time must be a source of satisfaction to the Council.

#### Drainage and Sewage Disposal.

The town's sewage disposal works continued to be most satisfactory. No new extensions were made.

#### Public Cleansing and Refuse Collection.

Weekly removal of refuse from each house is carried out by direct labour. In addition special collections are made by request for removal of trade refuse, etc. The roads have been kept in very good condition by the Council's staff.

#### Rodent Destruction.

Unfortunately the Rodent Operator became ill in the early part of the year, and ceased work in May. The Council took a sympathetic attitude towards the operator, hoping that he would recover. However, by November it was decided to appoint a successor. Much of the survey work had to be suspended.

#### Camping Sites.

There are two licensed sites in the town where the maximum number of caravans allowed is 10 per acre. The estimated number of campers resident during the year was 61.

#### Swimming Bath.

There is one privately owned swimming bath in the town where purification is by hand chlorination. Samples of the water are submitted for examination from time to time.

#### B—Factories Act.

Details will be found in Appendix D, Table 2.

#### C—Housing.

The Council continued to take active steps to deal with sub-standard properties in the town. Many houses were considered unfit and appropriate action taken. One area in Furnham Foad was dealt with under Slum Clearance procedure. There was no opposition.

While the emphasis remains on the im-

provement or demolition of sub-standard houses there is necessarily a slowing down of the Council building programme other than for houses required to re-house those people compulsorily moved. There are still a considerable number of applicants who are forced to remain in houses too small or, due to their bad arrangement and lack of facilities, unsuited to their needs.

I and the Public Health Inspector frequently visit houses where the tenant complains of dampness or lack of ventilation. We are shown damp patches on walls and in cupboards or small and inadequate windows. Very often those very same windows are tight shut and 50% of the light obscured by curtains and pot plants. The damp walls are more often than not in rooms provided with a fireplace which is seldom, if ever, used. The door is kept shut and the almost complete lack of ventilation and normal warmth naturally encourages damp. Many people have little conception of what normal ventilation is or of how to prevent the normal humidity of the atmosphere from condensing on their walls and furniture. No doubt many old houses without damp courses in their construction are liable to rising damp, but intelligent use of heat and ventilation will minimise the effects of it. I frequently see two identical houses in a row, sometimes in the same ownership, one tenant is house-proud; the house is clean, the decoration is good and usually carried out by the tenant. Next door the tenant takes the view that once the rent is paid the onus is on the landlord to do the rest. When paper begins to peal it is not replaced but rather helped on its way. No effort is made to do any amateur decorating. The general effect is very depressing. Often the rent of these houses has been less than ten shillings a week for years. The second tenant is the one who wants a "new house" despite a probably rent of forty shillings a week and in my view have little to recommend them as a tenant of the Council.

#### D—Inspection and Supervision of Food.

##### Milk.

There are 3 registered distributors and 2 registered dairy premises in the town. Milk sampling was carried out by the County Council's staff.

##### Ice Cream.

There is one manufacturer and 14 premises from which the pre-packed ice cream was distributed. Twelve samples were examined in 1957, 10 were in Grade 1, 2 in Grade 2.

## Meat.

There are 2 licensed slaughter houses in the town and Appendix D, Table 4 gives a detailed account of the number of carcases inspected.

## Food Premises in General.

The Public Health Inspector has made numerous visits to food premises during the year and the result has been a general raising of the standard of these establishments. This has been achieved by agreement with the owners and it has not been necessary to take action in any case.

## APPENDIX A—TABLE 1

Registrar General's estimate of population mid 1957 .....	5,400
Area .....	1,030 acres
Number of inhabited houses at the end of 1957 according to the Rate Book .....	1,815
Rateable Value .....	£59,951
Sum represented by a penny rate .....	£240

## APPENDIX A—TABLE 2

## BIRTH RATE:

	Comparability Factor 1.00.	
	M	F
Live Births:		
Total .....	49	38
Legitimate .....	47	38
Illegitimate .....	2	—
Still Births:		
Total .....	2	1
Legitimate .....	2	1
Illegitimate .....	—	—
Deaths of Infants under 1 year:		
Total .....	2	—
Legitimate .....	2	—
Illegitimate .....	—	—
Deaths of Infants under 4 weeks:		
Total .....	2	—
Legitimate .....	2	—
Illegitimate .....	—	—

APPENDIX A—TABLE 3

DEATH RATE:	Comparability	Factor 0.79.	
Table of Deaths	Total	M	F
	90	37	53
Causes of Death:			
Heart:			
Coronary Disease .....	8	5	3
Other heart disease .....	12	4	8
Circulation:			
Vascular lesions of nervous system .....	18	4	14
Other circulatory disease .....	3	3	—
Cancer of:			
Breast .....	2	—	2
Lung .....	2	—	2
Stomach .....	3	—	3
Uterus .....	1	—	1
Other Sites .....	4	3	1
Lungs:			
Bronchitis .....	6	3	3
Influenza .....	1	1	—
Pneumonia .....	1	—	1
Pulmonary T.B. .....	1	1	—
Other respiratory disease .....	1	—	1
Gastritis .....	1	—	1
Congenital malformations .....	2	1	1
Other ill-defined diseases .....	19	10	9
Motor vehicle accidents .....	1	—	1
All other accidents .....	2	—	2
Suicide .....	2	2	—

APPENDIX B—TABLE 1  
CHARD CHILD WELFARE CENTRE

Statistics for the twelve months ended 31st December, 1957.

1. Number of children who first attended during the year and who at their first attendance were:—	
UNDER ONE YEAR OF AGE .....	65
2. Number of children who attended during the year and who were born in:—	
(a) 1957 .....	47
(b) 1956 .....	56
(c) 1955—2 .....	63
3. Total attendances during the year made by children who at the date of attendance were:—	
(a) UNDER ONE YEAR OF AGE .....	533
(b) OVER ONE BUT UNDER TWO YEARS OF AGE .....	206
(c) OVER TWO BUT UNDER FIVE YEARS OF AGE ...	175
4. Number of individual mothers who attended during the year ...	126
5. (a) TOTAL NUMBER OF SESSIONS HELD:—	
(i) With Medical Officer .....	23
(ii) Other Sessions .....	—
(b) NUMBER OF CHILDREN EXAMINED BY DOCTOR ...	120
(c) TOTAL NUMBER OF MEDICAL CONSULTATIONS .....	288
6. Immunisations completed for:—	
DIPHTHERIA .....	1
DIPHTHERIA-PERTUSSIS .....	8
DIPHTHERIA-PERTUSSIS-TETANUS .....	25
SMALLPOX VACCINATION .....	—

APPENDIX B—TABLE 2.

Name of School	No. on Roll	No. Inspected	Date of Inspection	Children having Milk	Children having Dinners	Diphtheria Immunisation
Chard Infants	131	77	29/30/31.1.57	100%	64.88%	32
Chard Junior	348	152	3/4/5.5.57	73.27%	37.35%	
Chard Secondary	377	90	26/27/6.5.57	53.50%	19.09%	
Modern	460	134	4/6.12.57	43.47%	21.74%	

APPENDIX B—TABLE 3

## Speech Therapy

Number of sessions .....	30
Children under treatment 31.12.57.....	8
Children admitted during 1957 .....	16
Children discharged during 1957 .....	8
Of the 8 under treatment:	
4 are stammerers	
2 are dyslalic	
1 has a cleft	
1 has sigmatism	
Of the 8 discharged during	
3 were stammerers	
3 were dyslalic	
2 had sigmatisms	

APPENDIX B—TABLE 4

## St. John Ambulance Service

Mileage .....	2,400					
Patients conveyed .....	76	(Emergencies .....	27			
		Maternity .....	39			
		Accident .....	10)			

APPENDIX C—TABLE 1

## Infectious and Other Notifiable Diseases.

Whooping Cough .....	19
Measles .....	6
Gastro-enteritis .....	8
Pulmonary Tuberculosis .....	5

## Under Analysis of Cases Notified.

1yr. 1-2 2-3 3-4 4-5 5-10 10-15 15-20 20-35 35-45 45-65 65+

Whooping Cough	2	1	3	4	4	3	2				
Measles				1		3	1				
Gastro-enteritis						8					

## Tuberculosis

Age Group	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M	F	M	F	M	F	M	F
-1	...							
1-5	...							
5-15	...							
15-25	...	1						
25-35	...							
35-45	...	1	3					
45-55	...							
55-65	...							
65+	...							
Totals...	2	3						

## APPENDIX C—TABLE 2

## MASS RADIOGRAPHY.

10th—16th October

	Total	Male	Female	Total			
Miniature films	905	635	1540				
Large Films							
Total Recalled .....	13	11	24				
Did not attend .....	2	2	4				
Normal .....	1	2	3				
Significant .....	9	7	16				
Being investigated ...	1	—	1				
Analysis of Tuberculous Cases.							
Active Tuberculosis	Under 15	15-24	25-34	35-44	45-59	60+	Total
Male .....							
Female .....							
Total .....							
Inactive Tuberculosis							
Male .....	1	2	2	1	1	2	
Female .....							
Total .....	1	2	2	1	2	8	
Under Observation							
Male .....							
Female .....							
Total .....							
Non-Tuberculous Cases		Male	Female	Total			
Bronchiectasis	2	—	—	2			
Pleural Thickening	1	1	—	2			
Pulmonary Fibrosis	2	—	—	2			
Pleural Effusion	1	—	—	1			
Lobectomy	1	—	—	1			
MASS RADIOGRAPHY.							
	10th—16th October						
	Scholars included in Main Report.						
Miniature Films:	Total .....	58	47	105			
Large Films:	Total recalled .....	—	—	—			
	Did not attend .....						
	Normal .....						
	Significant .....						
	Being investigated ...						
Analysis of Tuberculous Cases.							
Active Tuberculosis	Under 15	15-24	25-34	35-44	45-59	60+	Total
Male .....							
Female .....							
Total .....							
Inactive Tuberculosis							
Male .....							
Female .....							
Total .....							
Under Observation							
Male .....							
Female .....							
Total .....							
Non-Tuberculous Cases		Male	Female	Total			

APPENDIX D—TABLE 1

Water Supply

Piped Supplies—results of samples taken for analysis:

Raw Water				Treated after going into supply			
Bacteriological		Chemical		Bacteriological		Chemical	
Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
—	—	—	—	24	—	—	—

Water Supplies from public mains:

Direct to Houses		By means of Standpipes	
No. of Dwellinghouses	Population	No. of Dwellinghouses	Population
1,801	5,500	14	45

APPENDIX D—TABLE 2.

Factories Acts, 1937 and 1948

Inspections for the purpose of provisions as to Health  
(Including Inspections made by the Public Health Inspector)

Premises	No. on Register	Inspec- tions	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities ... ... ... ... ...	41	27	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ... ... ... ...	25	14	2	—
<b>TOTALS</b> ... ... ...	<b>66</b>	<b>41</b>	<b>8</b>	<b>—</b>

Cases in which defects were found ..... 6

Cases in which defects found were remedied ..... 6

Outworkers.

No. of outworkers in August List required by Section 10 ..... 68

APPENDIX D—TABLE 3

## Housing.

					1956	1957
Total Number of permanent dwellings in District .....					1773	1815
Total number of permanent dwellings owned by Local Authority ...					553	586
Action taken during year:—						
Formally:—						
Section 2, Hsg. Repairs & Rents Act, 1954	(1)	No. of houses included in Clearance Areas still to be made .....				78
Section 25, Hsg. Act, 1936	(2)	No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957 .....				Nil
Section 11, Hsg. Act, 1936	(3)	No. of houses demolished under Section 42 of the Housing Act, 1957 (Clearance Areas) .....				4
Section 9, Hsg. Act, 1936	(4)	No. of houses demolished under Section 17 of the Housing Act, 1957 (Individual Units) .....				Nil
	(5)	No. of temporary dwellings (huts, etc.) de- molished .....				Nil
	(6)	No. of houses declared unfit under Section 9 of the Housing Act, 1957 .....				93
	(7)	No. of houses closed as a result of an under- taking given by the owners or following the issue of Closing Orders .....				Nil
	(8)	No. of unfit houses occupied under licence .....				13
	(9)	Rent Act, 1957 (1st Schedule) Certificates of Disrepair: (a) No. of applications received .....				4
		(b) No. of Certificates issued .....				
Houses erected during the year		Houses in course of erection			Gained from conversion of large houses or buildings	Lost from conversion of two or more houses to one
For Slum Clearance	For Other Purposes	For Slum Clearance	For Other Purposes			
Local Authority —	25	—	5	1	—	—
Private Enterprise —	12	—	3	—	—	—
Number of Post-War Houses erected from 1st April, 1945, to 31st December, 1957.					Housing Programme for 1958.	
By Local Authority	405	75	16			
By Private Enterprise						35
(a) No. of temporary housing units occupied—(i) Prefabs .....						—
						—
(b) No. of houses found overcrowded.....						—
(c) No. of houses made fit during year .....						—
Houses required:—						
(i) To replace houses scheduled for demolition .....						78
(ii) To abate overcrowding .....						12
(iii) For other purposes .....						64
Total number of applications for Council Houses at the end of the year						95
Total number of Council Houses sold during year						Nil

Improvement Grants.

No. of applications and houses dealt with by Local Authority:

	Received		Approved		Rejected	
	Aps.	No. of houses.	Aps.	No. of houses.	Aps.	No. of houses.
31.7.49—31.12.56	... 33	33	28	28	5	5
During year .....	5	5	4	4	1	1

NOTE—Number of applications approved in respect of owner/occupiers during year .....

2

Average cost per dwelling approved during year .....

£830

Average rent fixed .....

£38 p.a.

Amount of grant payable by Local Authority .....

£903

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART DURING YEAR:

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)						
Number inspected	411	628	1895	2833	2392	—
<b>All diseases except Tuberculosis and Cysticerci</b>						
Whole carcases condemned		17	7	18	21	
Carcases of which some part or organ was condemned	49	103	48	361	141	
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	12.2	19.1	2.9	13.4	6.7	
<b>Tuberculosis only</b>						
Whole carcases condemned	2	11	—	—	8	
Carcases of which some part or organ was condemned	19	35	22	—	91	
Percentage of the number inspected affected with tuberculosis	5.2	7.3	1.2	—	4.1	
<b>Cysticercosis</b>						
Carcases of which some part or organ was condemned	—	—	—	—	—	
Carcases submitted to treatment by refrigeration	—	—	—	—	—	
Generalised and totally condemned	—	—	—	—	—	
Weight of meat condemned (in lbs.) for:—						
(a) Tuberculosis	1226	3980	74	—	1716	
(b) Cysticercosis	—	—	—	—	—	
(c) Other	822	5261	367	1983	2532	
Total (in lbs.) condemned	2048	9241	441	1983	4248	